

CRITERIA FOR PRIOR AUTHORIZATION

Trokendi XR® (topiramate extended-release)

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
topiramate extended-release (Trokendi XR)

CRITERIA FOR LENNOX-GASTAUT SYNDROME (LGS): (must meet all of the following)

- Patient must have seizures associated with a diagnosis of Lennox-Gastaut Syndrome
- Must be using as adjunctive therapy
- Patient must be 6 years of age or older
- Must be prescribed by or in consultation with a neurologist

CRITERIA FOR PARTIAL ONSET OR PRIMARY GENERALIZED TONIC-CLONIC SEIZURES: (must meet all of the following)

- Patient must have a diagnosis of partial onset or primary generalized tonic-clonic seizures
- Patient must be 6 years of age or older
- Must be prescribed by or in consultation with a neurologist

CRITERIA FOR MIGRAINE PROPHYLAXIS: (must meet all of the following)

- Patient must have a diagnosis of migraine headaches
- Patient must be 12 years of age or older
- Patient has had a trial of topiramate IR
- Must be prescribed by or in consultation with a neurologist
- Dose does not exceed 100 mg

LENGTH OF APPROVAL 12 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE